

<i>SERFF Tracking Number:</i>	<i>AMLC-125627004</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Income Life Ins Co</i>	<i>State Tracking Number:</i>	<i>38929</i>
<i>Company Tracking Number:</i>	<i>TL-480</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>TL-480/TL-480</i>		

## Filing at a Glance

Company: American Income Life Ins Co

Product Name: Children's Term Rider

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: AMLC-125627004 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38929

Co Tr Num: TL-480

State Status: Approved-Closed

Co Status: Pending

Reviewer(s): Linda Bird

Author: Angela Fincher

Disposition Date: 05/19/2008

Date Submitted: 05/12/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: TL-480

Project Number: TL-480

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The group policy to which these riders will be attached is being issued to a trustee Policyholder in the State of Delaware. Indiana, our state of domicile, does not require filing of forms to be issued in a state other than Indiana.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 05/19/2008

State Status Changed: 05/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Notification of Adoption of 2001 CSO Mortality Table, ALB

TL-480 – Children's Term Rider

TL-490 – Spouse's Term Rider

<i>SERFF Tracking Number:</i>	<i>AMLC-125627004</i>	<i>State:</i>	<i>Arkansas</i>
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Enclosed are copies of the above referenced forms for your review. These forms will replace forms TL-440 and TL-450 respectively, which were approved by your department 05/08/2000. The major changes to the forms were made to accommodate the adoption of the 2001 CSO Mortality Table, ALB. In form TL-490, we have also revised the 'Policyowner and Beneficiary' provision to state what happens at the death of the owner. In form TL-480, we have revised the 'Conversion' and 'Termination' provisions to clarify when coverage on the child terminates. A new actuarial memorandum is enclosed for form TL-490.

Indiana is our state of domicile and does not require filing of forms to be issued in a state other than Indiana. This filing is being submitted concurrently in Delaware. The group policy will be issued to the American Income Family Group Trust I (a multiple employer/union trust) and the American Income Family Services Trust II (a multiple association trust), both situs of Delaware.

We trust you will find this filing in order and subject to approval. Please contact me if you need any additional information.

## Company and Contact

### Filing Contact Information

Angela Fincher, Contract Analyst	afincher@aillife.com
PO Box 2608	(254) 761-6761 [Phone]
Waco, TX 76797	(254) 741-5723[FAX]

### Filing Company Information

American Income Life Ins Co	CoCode: 60577	State of Domicile: Indiana
P.O. Box 2608	Group Code: 290	Company Type: Life and Health
Waco, TX 76797	Group Name: Liberty National	State ID Number: 498
(254) 761-6761 ext. [Phone]	FEIN Number: 74-1365936	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	\$20 * 2 riders = \$40.00

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<i>Product Name:</i>	<i>Children's Term Rider</i>		
<i>Project Name/Number:</i>	<i>TL-480/TL-480</i>		
<b>Per Company:</b>	<b>No</b>		

<i>SERFF Tracking Number:</i>	<i>AMLC-125627004</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TL-480/TL-480</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Income Life Ins Co	\$40.00	05/12/2008	20266368

SERFF Tracking Number: AMLC-125627004

State: Arkansas

Filing Company: American Income Life Ins Co

State Tracking Number: 38929

Company Tracking Number: TL-480

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Product Name: Children's Term Rider

Project Name/Number: TL-480/TL-480

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/19/2008	05/19/2008

*SERFF Tracking Number:*      *AMLC-125627004*

*State:*      *Arkansas*

*Filing Company:*      *American Income Life Ins Co*

*State Tracking Number:*      *38929*

*Company Tracking Number:*      *TL-480*

*TOI:*      *L04G Group Life - Term*

*Sub-TOI:*      *L04G.500 Other*

*Product Name:*      *Children's Term Rider*

*Project Name/Number:*      *TL-480/TL-480*

## **Disposition**

Disposition Date: 05/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-125627004</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TL-480/TL-480</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Actuarial Memorandum - Spouse's Term Rider		No
<b>Form</b>	Children's Term Rider		Yes
<b>Form</b>	Spouse's Term Rider		Yes

SERFF Tracking Number:	AMLC-125627004	State:	Arkansas
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Company Tracking Number:	TL-480		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Children's Term Rider		
Project Name/Number:	TL-480/TL-480		

## Form Schedule

**Lead Form Number:** TL-480

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL-480	Certificate	Children's Term	Revised	Replaced Form #: TL-440 Previous Filing #:	62	TL480.pdf
		Amendmen	Rider				
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	TL-490	Certificate	Spouse's Term Rider	Revised	Replaced Form #: TL-450 Previous Filing #:	62	TL490.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					



# AMERICAN INCOME LIFE INSURANCE COMPANY

Executive Office: P.O. Box 2608, Waco Texas 76797

## CHILDREN'S TERM RIDER

BENEFITS	We will pay the Children's Death Benefit on Page 3 to the Beneficiary at the Insured Child's death. The Insured Child's death must occur while this Rider is in full force. Payment will be made when we receive proof of the Insured Child's death at our Executive Office.
INSURED CHILD	An Insured Child is your child, stepchild or legally adopted child who is named in the enrollment form for this Rider. Each child born of your marriage will become an Insured Child at age fifteen days if this Rider is in full force. Each child you legally adopt before age 18 will become an Insured Child on the date of adoption if this Rider is in full force.
NON-PARTICIPATING	This is a non-participating Rider. This means the Rider does not share in our profits or surplus.
POLICYOWNER AND BENEFICIARY	While you live, the Certificate Holder is the owner of this Rider. After your death, the owner of this Rider, will be each living Insured Child, jointly with their legal guardian. While you live, you are the beneficiary of this Rider. After your death, the beneficiary will be the executors or administrators of the person upon whose death payment is to be made.
MISSTATEMENT OF AGE	If the age of the Insured Child has been misstated, the amount payable under this Rider will be what the premiums paid would have bought at the correct age.
INCONTESTABILITY	We cannot contest the validity of this Rider after it has been in force for 2 years.
SUICIDE EXCLUSION	If any Insured Child commits suicide, before this Rider has been in force for 2 years, we will not pay the Children's Death Benefit. We will return the premiums paid for this Rider. This will not affect the coverage of any other Insured Child if premium payments are continued.
REINSTATEMENT	This Rider may be reinstated at any time within 1 year after default in premium payment. The certificate this Rider is attached to must be concurrently reinstated. Satisfactory evidence of insurability of any Insured Child to be covered by this Rider will be required. We will not pay the Children's Death Benefit for the death of any Insured Child that occurred after the end of the grace period and before the date of reinstatement.
FULLY PAID-UP AFTER DEATH OF INSURED	If you die while the certificate and Rider are in full force, the Children's Death Benefit on each Insured Child will become fully paid-up term insurance. The term insurance will expire when coverage for that Insured Child stops as described in the Termination provision. This paid-up term insurance will have cash value equal to the present value of future benefits. We use the 2001 Commissioner's Standard Ordinary Mortality Table, Age Last Birthday with 4.0% interest to calculate the cash value. After the term insurance is paid up, but before the expiry date, each Insured Child has the right to obtain the net cash surrender value. If surrender of the paid-up term insurance is made within 31 days after an anniversary, we must pay at least the cash value on that anniversary. A table of cash values or information about cash values will be provided by us on request.
CONVERSION PRIVILEGE	<p>While this Rider is in full force, the term insurance provided by this Rider on any Insured Child may be replaced with any permanent plan of life insurance issued by the company subject to the following conditions:</p> <ol style="list-style-type: none"><li>1. Send the certificate, this Rider and your written request for conversion to our Executive Office before the coverage for that Insured Child stops as described in the Termination provision. The Policy Date of the new policy will be the date of the request. Premiums paid will be at the rate for the Insured Child's attained age then charged by us for the plan selected.</li></ol>



2. The amount of insurance of the new policy will be equal to the Children's Death Benefit on Page 3. However, if the new policy becomes effective when coverage stops under Termination provision 1 or 2, the amount of insurance will be five times the Children's Death Benefit on Page 3. The amount of the new policy, however, may not be less than the published minimum amount limit then applicable for the plan selected.
3. The new policy will not include any disability waiver or other supplemental agreement that increases the insurance risks, unless we are given proof of the Insured Child's insurability.
4. The suicide and incontestability provisions of the new policy will start from the effective date of this Rider.
5. The risk classification of the new policy and this Rider will be the same.

Evidence of insurability is not required.

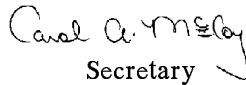
#### TERMINATION

This Rider will stop at the first of the following:

1. The certificate anniversary following your 65th birthday;
2. The certificate anniversary following each Insured Child's twenty-first birthday for the term insurance on that child;
3. The end of the grace period for any premium due on the certificate or this Rider; or
4. The written request of the Certificate Holder.

#### CONSIDERATION

We have issued this Rider in return for the enrollment form and the payment of the additional premium on Page 3. A copy of the enrollment form is attached to the certificate. The additional premium is payable until this Rider stops unless a shorter premium period is stated in the certificate. If we receive premiums for this Rider after it has stopped, we will refund such premiums and the insurance coverage will not continue.

  
Secretary

  
President

## SPOUSE'S TERM RIDER

BENEFITS	We will pay the Spouse's Death Benefit on Page 3 at the Spouse's death to the Beneficiary. The Spouse's Death must occur while this Rider is in full force. Payment will be made when we receive proof the Insured Spouse's death at our Executive Office.
NON-PARTICIPATING	This is a non-participating Rider. This means the Rider does not share in our profits or surplus.
POLICYOWNER AND BENEFICIARY	While you live, the Certificate Holder is the owner of this Rider. After your death, the owner of this Rider will be the Insured Spouse. While you live, you are the beneficiary of this Rider unless a beneficiary designation has been made for this Rider. After your death, if no beneficiary designation has been made for this Rider, the beneficiary will be the executors or administrators of the estate of the Insured Spouse.
MISSTATEMENT OF AGE OR SEX	If the age or sex of the Insured Spouse has been misstated, the amount payable under this Rider will be what the premiums paid would have bought at the correct age or sex.
INCONTESTABILITY	We cannot contest the validity of this Rider after it has been in force for 2 years.
SUICIDE	If the Insured Spouse commits suicide, before this Rider has been in force for 2 years, we will not pay the death benefit. We will return the premiums paid for this Rider.
REINSTATEMENT	This Rider may be reinstated at any time within 1 year after default in premium payment. The certificate this Rider is attached to must be concurrently reinstated. Evidence of insurability satisfactory to us is required.
FULLY PAID-UP AFTER DEATH OF INSURED	If you die while the certificate and Rider are in full force, the Spouse's Death Benefit on Page 3 will become fully paid-up term insurance. The term insurance will expire on the Expiry Date on Page 3A. This paid-up term insurance will have cash value equal to the present value of future benefits. We use the 2001 Commissioner's Standard Ordinary Mortality Table, Age Last Birthday with 4.0% interest to calculate the cash value and reserves. After the term insurance is paid up, but before the Expiry Date, the Insured Spouse has the right to obtain the net cash surrender value. If surrender of the paid-up term insurance is made within 31 days after an anniversary, we must pay at least the cash value on that anniversary. A table of cash values or information about cash values will be provided by us on request.
CONVERSION PRIVILEGE	<p>While this Rider is in full force, the term insurance on the Insured Spouse may be replaced with any permanent plan of life insurance issued by the company subject to the following conditions:</p> <ol style="list-style-type: none"><li>1. Send the certificate, this Rider and your written request for conversion to our Executive Office before the Expiry Date on Page 3A. The Policy Date of the new policy will be the date of the request. Premiums paid will be at the rate for the Insured Spouse's attained age then charged by us for the plan selected.</li><li>2. The amount of insurance of the new policy will be equal to the Spouse's Death Benefit on Page 3. The amount of the new policy, however, may not be less than the published minimum amount limit then applicable for the plan selected.</li><li>3. The new policy will not include any disability waiver or other supplemental agreement that increases the insurance risks, unless we are given proof of the Insured Spouse's insurability.</li><li>4. The suicide and incontestability provisions of the new policy will start from the effective date of this Rider.</li><li>5. The risk classification of the new policy and this Rider will be the same.</li></ol> <p>Evidence of insurability is not required.</p>



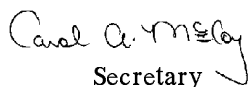
#### TERMINATION

This Rider will stop at the first of the following:

1. The Expiry Date specified on Page 3A;
2. The end of the grace period for any premium due on the certificate or this Rider;
3. The written request of the Certificate Holder.

#### CONSIDERATION

We have issued this Rider in return for the enrollment form and the payment of the additional premium on Page 3. A copy of the enrollment form is attached to the certificate. The additional premium is payable until this Rider stops unless a shorter premium period is stated in the certificate. If we receive premiums for this Rider after it has stopped, we will refund such premiums and the insurance coverage will not continue.

  
Secretary

  
President

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<i>Project Name/Number:</i>	<i>TL-480/TL-480</i>		

## **Rate Information**

Rate data does NOT apply to filing.

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Product Name:	Children's Term Rider		
Project Name/Number:	TL-480/TL-480		

## Supporting Document Schedules

### Review Status:

<b>Satisfied -Name:</b>	Certification/Notice	04/29/2008
<b>Comments:</b>		
<b>Attachment:</b>		
ARCertofCompTL480.pdf		

### Review Status:

<b>Bypassed -Name:</b>	Application	04/29/2008
<b>Bypass Reason:</b>	Revision of previously approved forms to implement 2001 CSO Mortality Table, Age Last Birthday	
<b>Comments:</b>		

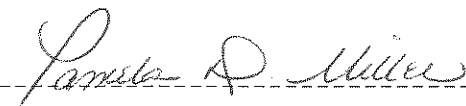
STATE OF ARKANSAS  
CERTIFICATE OF COMPLIANCE

I, PAMELA D. MILLER, AN OFFICER OF THE AMERICAN INCOME LIFE INSURANCE COMPANY, HEREBY CERTIFY THAT THE FOLLOWING FORM(S) HAS (HAVE) THE FOLLOWING READABILITY SCORE(S) AS CALCULATED BY THE FLESCH READING EASE TEST AND THAT THE FORM(S) MEET ALL REQUIREMENTS SET FORTH IN ARKANSAS STATUTES 66-3251 THROUGH 66-3258, CITED AS THE LIFE AND DISABILITY INSURANCE POLICY LANGUAGE SIMPLIFICATION ACT.

FORM(S)	SCORE
TL-480	62.5
TL-490	62.5

DATED May 2, 2008

AMERICAN INCOME LIFE INSURANCE COMPANY

  
PAMELA D. MILLER, FLMI/M, AIRC, ACS  
VICE PRESIDENT  
COMPLIANCE

PFCERTAR